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CONFIRMATION NO. 6758

<b>SERIAL NUMBER</b> 10/696,423	<b>FILING OR 371(c) DATE</b> 10/29/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3768	<b>ATTORNEY DOCKET NO.</b> 084/03739	
<b>APPLICANTS</b> Asher Porath, Jerusalem, ISRAEL;					
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/744,879 01/29/2001 PAT 6,668,187 which is a 371 of PCT/IL98/00359 07/30/1998					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 09/17/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Allowance</u> Examiner's Signature <u>Asher Porath</u> Initials <u>HP</u>		<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 44909					
<b>TITLE</b> Optical mammography					
<b>FILING FEE RECEIVED</b> 448	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		